

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		19	5-1-01
FORMALITY REVIEW	GR	30135	6/6
RESPONSE FORMALITY REVIEW	MA	70506	09/25/01
		830	01-15-02

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
12	11/15/02
13	09/03
14	09/03
15	09/03
16	09/03
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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11/15/02  
09/27